

United States Bankruptcy Court		PROOF OF CLAIM							
District	Idaho	Chapter	13						
In re (Name of Debtor) <b>James L Hershberger</b>		Case Number <b>01-00317</b>							
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.									
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Sallie Mae Corp</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.							
Name and Address Where Notices Should be Sent  <b>Sallie Mae Servicing Corporation            220 Lasley Ave.            Wilkes-Barre, PA 18706</b>		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.							
Telephone No.		THIS SPACE IS FOR COURT USE ONLY							
ACCOUNT OR OTHER NUMBER WHICH CREDITOR IDENTIFIES DEBTOR  <b>542-98-1377</b>									
1. BASIS FOR CLAIM  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input checked="" type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other (Describe briefly)             </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (Fill out below)                Your social security number _____                Unpaid compensation for services performed from _____ to _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(date)</span> <span>(date)</span> </div> </div> </div>									
2. DATE DEBT WAS INCURRED <b>09/25/1996 07/16/1997</b> <b>07/16/1997</b>		3. IF COURT JUDGMENT, DATE OBTAINED:							
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.									
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)		Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000)* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier--11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan--11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use--11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child--11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of government units--11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other--Specify application paragraph of U.S.C. § 507(a) _____ * Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.							
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____									
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <b>11,406.42</b>  the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.									
<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____									
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">\$ <b>11,406.42</b></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: center;">(Unsecured)</td> <td style="text-align: center;">(Secured)</td> <td style="text-align: center;">(Priority)</td> </tr> </table> <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>\$ 11,406.42</b> (Total)         </div>				\$ <b>11,406.42</b>	\$ _____	\$ _____	(Unsecured)	(Secured)	(Priority)
\$ <b>11,406.42</b>	\$ _____	\$ _____							
(Unsecured)	(Secured)	(Priority)							
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.									
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY							
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.									
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.									
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  <b>3/2/2001</b> <i>[Signature]</i> <b>Theresa M. Heller</b> Claims Analyst									

CLASS-111-ACCT BALANCE, AMT DUE, SCHOOL DATA----- LSC/F 03/02/01  
 >NXT SCR 111 SSN PG OWN ST GU LN DT  
 SSN 542 98 1377 1 LOANS ALL PROG GS STATUS RPMT GUAR OR OWNER 833253  
 NAME(FML) JAMES L HERSHBERGER DOB 11 17 64 OWNER SLMA TRUST  
 ADDR 6709 DOUGLAS ST H PH 208 323 3855 BRNCH ID \*\*\*\*  
 CITY BOISE ST ID ZIP 83704 9236 W PH 360 352 1279 DFR INT CD E  
 ADDR IND D RELEASE INFO Y LANG INT RATE 08.250  
 VALID ADDR Y COS N COM N AMT OUT 11,030.21 ORIG PRIN 10,125.00  
 COBORR IND NLMA PAYOFF PRIN SUB 6,125.00 PRIN PD 239.31  
 SEP DATE 06/10/98 GRACE 06 PRIN NSUB 4,000.00 BR INT PD 658.85  
 SCHOOL 003188 MCS CAP INT 1,144.52 BR INT YTD .00  
 CENTRAL OREGON COMMUNITY COLLE ACC BORR INT 428.52 BR INT PYR 385.32  
 CLHSE Y \*\*\*BKRT\*\*\* ANTICPD PIF DT 01/04/10 10-DAY PIF 11,532.76  
 LATE CHG AMT 49.11  
 PRESENT AMT DUE 954.74 PMT DUE DT 03/04/01 LAST BR PMT RECVD 09/11/00  
 LATE CHG ACCRUED Y SCH PMT AMT 136.46 AMT OF LST BR PMT 136.46  
 AMT DELINQUENT 818.28 1ST PMT DUE 02/04/99 SCHED TERM 120  
 DAYS DELINQUENT 179 RPMT BEG DT 12/11/98 MAX PAYOFF DT 12/11/08  
 DELINQUENCY DT 09/04/00 COJP GEN DT 07/05/00 ACTUAL PAYOFF DT  
 CORRESPONDENCE ENTRY CPP CNSL IND LETTER REQUEST  
 DATE SOURCE MESSAGE  
 030201 LPTMH0 CONT  
 I001 PREVIOUS SCREEN PROCESSED SUCCESSFULLY  
 PF5=BORR ACTIVITY(112). PF6=BILLING(121). PF7=COS/REF(116). PF10=LOAN DIRECTORY  
 4-© 1 Sess-1 192.168.28.65 TCP10871 2/11